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ABSTRACT

This conference report of a joint meeting of directors and staff working in Project Home Start and the Child and Family Resource Program contains discussions of a wide range of issues: health services, home safety, home visits, food programs, and the use of television. Other issues discussed are program guidelines, evaluation plans, means to achieve goals, staff training, data collection, and program funding. Because of the interest in both Home Start and the Child and Family Resource Program, this report should prove useful to other programs throughout the country interested in exploring the applicability of these demonstration approaches. An appendix contains a list of the conference participants. (CS)

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REPORT OF A

joint conference

HOME START

HOME START

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CHILD & FAMILY RESOURCE PROGRAM

St. Louis, Missouri - March 5-7, 1974

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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Home Start/Child and Family Resource Program
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Conference Participants Receive Triple Welcome

Participants in the joint Home Start/Child and Family Resource Program (CFRP) Conference held in St. Louis, March 5-7, 1974, were officially greeted on Tuesday, March 5 by Dr. (Ruth) Ann O'Keefe, Director of Home Start and CFRP; Dr. Kenton Williams, Regional Program Director for Region VII; and Mr. Harold Antoine, Director of the Human Development Corporation in St. Louis.

After welcoming the 150 conference participants (including administrative staff, home visitors, and parents from the 16 Home Start and 11 CFRP national demonstration programs, staff from two Regionally-funded CFRPs, OCD Regional Representatives and Headquarters staff, and evaluators for the Home Start program), Dr. O'Keefe noted that this conference represented a different approach from previous conferences in that it was the first opportunity to hold a joint conference for the two programs. She commented that although there were many differences between Home Start and CFRP, there were also certain similarities inherent in the fact that both programs were Head Start demonstration programs and therefore subject to the same broad national requirements, such as Performance Standards and enrollment of handicapped children; thus, she expressed the hope that the conference would be able to deal with the common problems and broad areas applicable to both programs as well as the individual problems and experiences of the two demonstrations.

Dr. Kenton Williams welcomes conference participants.

After extending greetings from Mr. Saul Rosoff, Acting Director of the Office of Child Development, and Mr. James Robinson, Director of Head Start, Dr. O'Keefe thanked all participants for their hard work and dedication in implementing the demonstration programs.

Dr. Kenton Williams then welcomed the conferees to Region VII and offered Regional assistance to all participants if needed. Commenting that Home Start and CFRP represented models of child development programs differing from the traditional center-based operation of Head Start, Dr. Williams stated that he was happy to see this diversification of service delivery systems, which he said was assisting to ensure the success of the Head Start program in the future.

Following Dr. Williams' remarks, Mr. Harold Antoine greeted participants on behalf of the City of St. Louis. Stating that the problems of early childhood development call for all the ingenuity and compassion humans can muster, Mr. Antoine noted that the capability, concern, and interest of the Home Start/CFRP staffs marked the type of professionalism for which OCD programs have become well-known.

After briefly describing some of the studies made in the fields of nutrition and achievements in reducing the infant mortality rate by St. Louis Head Start, day care, and Parent-Child Center programs, Mr. Antoine told participants that he hoped they would find at the conference some of the answers they were seeking to problems regarding success for our nation's children.

O'Keefe Briefs Participants on Status of Home Start and CFRP

Following official welcomes on March 5, Dr. O'Keefe summarized the major features of the Home Start and CFR programs, and gave a brief status report on each.

"Home Start has 16 demonstration programs throughout the U.S., serving approximately 1,200 families," she said, "and there are over 2,300 children from infancy through age 5 and an additional 2,200 children between 6 and 18 who are affected by these demonstration programs.

"One of the most interesting recent developments regarding Home Start is that approximately 160 Head Start programs have decided to incorporate some ideas from this home-based program into their programs through the Head Start Improvement and Innovation effort," she said. "In addition, other programs (including some programs funded by Title III and state agencies) have begun using Home Start *Guidelines* and concepts as a base to develop child development programs. Thus, although the Home Start demonstration has only had two years of formal existence, it has had an impact as a demonstration program already."

Turning to CFRP, Dr. O'Keefe stated that there are 11 national demonstration programs serving approximately 900 families, with 2,000 children in the 0-18 age range and 1,500 children in the 0-8 age range. In addition to the 11 Federally-funded CFRPs, Dr. O'Keefe noted that there are two Regionally-supported CFRPs (one in Natchitoches, Louisiana and one in Wenatchee, Washington). Although CFRP is a much newer program and grants were only awarded in June 1973, Dr. O'Keefe said that she felt confident, based on site visits made to the programs, that these demonstration programs were strong, and that she hoped she would be able to make personal visits to all of them within the next few months.

Following Dr. O'Keefe's remarks, slides were shown by the Fairbanks, Alaska Home Start program and the Las Vegas, Nevada CFRP.

OCD Headquarters/Regional Staff Preview Conference

At an evening session on March 4 prior to the official opening of the joint Home Start/CFRP Conference, OCD Regional Home Start and CFRP Representatives met with OCD Headquarters Home Start/CFRP staff to discuss conference goals and highlight progress of the demonstration programs.

Dr. O'Keefe stated that all Home Start and CFR programs had received at least one site visit since October 1973 and outlined the following points as those most needing clarification based on reports on these site visits.

(1) There has been some confusion in Home Start programs regarding the definition of a "focal" child versus a "target" child. For all practical purposes, all infants and children not yet in school in a Home Start family should specifically be considered Home Start children. The descriptors "focal" and "target" are used by the evaluators to indicate children who may be part of the test sample.

(2) Direct funding in Home Start may be provided only for 3-5-year-olds; however, health services may be provided for 0-3-year-olds if a program has money left after serving all 3-5-year-olds.

(3) School-age children are not specifically considered as Home Start children, but the home visitors may work with parents with regard to these older children, if desired.

(4) Site visitors reported that there is a low Home Start enrollment in Medicaid, often due to problems with state regulations. Dr. O'Keefe urged Regional Representatives to assist demonstration programs in working out these problems wherever possible.

(5) Due to the energy crisis, many of the Home Start programs and CFRPs utilizing home visitors have been experiencing gas shortages, financial difficulties, etc. It was suggested that the frequency of home visits be reduced in some cases and that programs make every effort to utilize energy resources prudently. (A more detailed discussion of this subject was held on March 5; see page 12.)

(6) Dr. O'Keefe noted that there has also been con-

fusion among both Home Start and CFRPs regarding the 10 percent requirement for enrollment of families with handicapped children. Although it is each Region's—not each program's—responsibility to see that at least 10 percent of all Head Start enrollment opportunities in the total Region are given to handicapped children, Dr. O'Keefe strongly urged each Home Start and CFR demonstration program to try to meet the spirit of, and be responsive to, the 10 percent mandate on a local basis.

(7) Since OCD Headquarters site visitors noted that there were often problems in obtaining necessary program data during the course of their site visits, it was agreed that data sheets would be sent to the programs in advance so that programs would have more time to fill out these sheets.

(8) It was emphasized that Regional Representatives should remind programs that all 0-8-year-old children in families enrolled in CFRP are part of the CFR program, and that complete documentation should be kept on all 0-8-year-olds, rather than merely on children of Head Start age. Dr. O'Keefe also encouraged CFRPs to enroll more 0-3-year-olds.

(9) In response to a question regarding how CFRP funds could be spent for direct services, Dr. O'Keefe noted that CFRPs could spend money for services to non-school-age children, but that no money should be spent on direct services for parents except for pregnant mothers and in extreme emergencies.

(10) Regional Representatives were notified that the in-kind requirement for CFRP will also be waived during the second year of the demonstration program. Home Start will continue to be required to have 10 percent in-kind funding for the third and final demonstration year.

(11) The pre-review process for CFRPs was discussed by Regional Representatives. Dr. O'Keefe commented that the OCD Headquarters CFRP staff would be happy to accompany Regional staff on pre-review visits, and reminded them that draft copies of Letters of Understanding as well as duplicates of each program's proposal and work plan for the second demonstration year must be sent to the OCD Headquarters CFRP office before funds could be released to the Regions for refunding.

(12) Dr. O'Keefe noted that CFRP Regional Representatives would be receiving phone calls from prospective evaluation contractors for CFRP during the coming months, and asked Regional cooperation in describing the local programs to these contractors. She also mentioned that any Regional Representatives who had not yet reviewed the CFRP evaluation RFPs were welcome to do so if they wished. (Copies have been sent to each Regional office.)

(13) In closing, Dr. O'Keefe thanked all Regional Representatives for their close cooperation with OCD Headquarters and said that she hoped that both offices would continue to work closely together, sharing as much information on local programs as possible.

Top row, from left: Priscilla Brinson, Jack Warner, Bill Sullivan, Don Yearout, Frank Magana. Bottom row, from left: Annabelle Tolson, David Chapa, Carol Osborne.

Collins Highlights OCD Approach to Innovation

"It is easy to come up with new ideas, but it is very often difficult to translate bold new ideas into pragmatic reality," Mr. Ray Collins, Chief of OCD's Program Development and Innovation Division, told conference participants in a general session on March 5.

Stating that since 1965, Head Start has been building on the "best" of its program, Mr. Collins cited advances which Head Start represented at its inception, saying, "All the ideas regarding comprehensive services, a total child development experience, the focus on parent involvement, the importance of community-based programs using institutions close to people, and the targeting of services to minority children and low-income families have come to be taken for granted now, yet these all represent concepts which were new when Head Start began, and concepts of which we should be proud.

"The need for continuing to search for and implement basic approaches that have proved successful in providing services to children has been an ongoing premise of OCD's philosophy," he continued.

Emphasizing the need for new approaches of expanding our frontier of understanding and identifying new change opportunities, Mr. Collins noted that innovators sometimes tend to forget fundamental basics and concentrate on innovation for its own sake, rather than feeling an obligation to harness new ideas to effect social change.

"We must find ways to build on the strengths of society, and especially the strengths of the family as a principle on which to base intervention," he said. "Head Start must work with families, using techniques that have been successful and past experiences to develop concepts of workable innovative approaches."

Key Features of OCD's Approach to Innovation

Mr. Collins then outlined the following ideas as central to OCD's approach to innovation:

(1) Intervention strategies must be child-centered and should be based on the individual needs of each child and family served, rather than on institutional or staff needs and priorities.

(2) A full range of services should be provided to the total child, and services should be tailored to the needs of children, yet also focused on the child as part of his family.

(3) The importance of the integration of community services into a ***network*** at the local level cannot be overemphasized. By implementing the idea of linking existing community services, not only can duplication of effort be avoided but this also provides community agencies with full exposure to innovative ideas being pursued by other agencies and thus offers an opportunity for a lasting change in service delivery approaches, community-wide.

Stages of OCD Innovation

Commenting that OCD has attempted to incorporate all of those features into its innovation efforts, Mr. Collins noted that OCD has first attempted to build on the past experience, previous research, and successes of other programs (in areas such as home-based programs) and to include these ideas in structured demonstration programs and in community-based efforts. He cited the Head Start Improvement and Innovation (I&I) effort as the second step in the process of introducing innovations, as they begin to work and are shown to be feasible, in allowing more flexibility within the Head Start program. Noting that the I&I effort is drawing a great deal of interest and visibility across the country, Mr. Collins then added that

the final stage in the process must be the dissemination and replication of these innovative ideas throughout the entire nation, through state and local agencies and programs.

"Head Start serves only one-fifth of the income-eligible children in this country," he said, "and we must find ways to help the other four-fifths. The current thinking at OCD is that state and local governments are becoming stimulated to adopt these innovations, and that these ideas can serve as a stimulus for new policy decisions and new legislation."

Specific OCD Program Innovations

Mr. Collins then remarked that there are four innovative efforts, in addition to Home Start and the Child and Family Resource Program, currently within the OCD Program Development and Innovation (PD&I) Division. Prefacing his descriptions of these projects by saying that the Head Start I&I effort has evoked a fundamental change in standard bureaucratic procedures, he pointed out that I&I efforts to change a basic ongoing program have led to a general attitude of reexamination of old ideas and scrutiny of new ideas for possible replication throughout the entire agency.

Specifically, Mr. Collins mentioned the following innovative projects:

(1) All Head Start grantees and demonstration programs have always served some handicapped children. Per the Congressional mandate that Head Start programs must enroll at least 10 percent families with handicapped children, the 1,000 Head Start grantees nationwide are in the process of revolutionizing previous concepts of the ways to deal with children with special needs. Mr. Collins noted that in addition to serving these Head Start handicapped children in a mainstream setting with non-handicapped children, the PD&I Division also is currently working with 14 experimental projects testing innovative ways of working with handicapped children (some of which are jointly funded by OCD with the U.S. Office of Education's Bureau of Education for the Handicapped).

(2) The Child Development Associate (CDA) program is providing pilot training programs, and (through the efforts of the CDA Consortium) is attempting to develop workable approaches to the assessment of an awarding of credentials to child care staff, based on the competencies, experience, and training these staff members have developed while serving children rather than on the number of college credits or degrees that they have received.

(3) The collaboration of 200 Head Start programs with the Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program reflects the importance of early detection of children's health problems. Mr. Collins commented that the Medicaid program offered a means of assisting Head Start children with both medical expenses and ongoing health care, and that Head Start, in turn, offered Medicaid a means of providing better services in low-income communities.

(4) Finally, the Developmental Continuity Project is funding 14 Head Start programs, in cooperation with local school systems, to focus on developing linkages in child development between parents, preschool, and school and to determine effective approaches to enhancing early childhood education, growth, and development. (Another conference session dealt with this project in more detail.)

In summary, Mr. Collins stated that all of these ideas, like Home Start and the Child and Family Resource Program, represent part of a growing array of approaches for alternative solutions to child development problems, and he reminded attendees that although many of these programs appear to be child-centered, "the payoff with the child often comes from working with the parent."

Home Start Evaluators Relate Early Findings

"Home Start families appear to be the poorest of the poor, based on data collected during the first 2 years of the Home Start evaluation," stated Mr. Dennis Deloria in regard to the summative portion of the Home Start evaluation (being conducted by the High/Scope Educational Research Foundation, Ypsilanti, Michigan) during a conference session on Home Start evaluation held on March 5.

"This is not by program design," he added, "but according to a comparison of Home Start children with Head Start children in 4 of the 6 sites participating in the summative evaluation, two different populations are being served by the two programs."

Specifically, Mr. Deloria remarked that (1) Home Start children tend to live in more rural areas than those in the Head Start comparison group; (2) Home Start families have a lower socio-economic level than the Head Start comparison group families; (3) Home Start mothers tend to be less well-educated, Home Start families have fewer books and materials available in the home, and Home Start fathers are less likely to be employed than those in the Head Start comparison group; and (4) the Home Start children are generally smaller in stature and weigh less than

children of equivalent ages.

He cautioned attendees, however, that these generalizations were based on data from only a portion of the children served in four of the 16 Home Start sites, and stated that the data described the families as they first entered the Home Start and Head Start programs.

Following Mr. Deloria's remarks, Mr. Peter Fellenz spoke about some of the findings of the formative portion of the Home Start evaluation, being conducted by Abt Associates Inc., Cambridge, Mass.

He noted that a typical Home Start program serves approximately 77 families, and has a staff consisting of a director, two program specialists (one of whom is an educational specialist), a nurse or social worker, and an average of 8 home visitors who visit approximately 10 families each on the average of once per week.

On typical home visits conducted during the first year of the evaluation, he mentioned that a variety of types of activities were carried out with each family and that often home visitors discussed as many as 8 different subjects with Home Start mothers and children. When summarized, the data indicated that all Head Start component areas (education, social services, parent involvement, and health) were covered, over a number of visits.

"Most visits seem to last about 1 hour each," he observed, "and home visitors in general evoke positive response from both mothers and children."

In response to a question about areas that evaluators felt should be improved in local programs, Mr. Deloria commented that evaluators hoped to see changes in the home environment (including more extensive use of inexpensive, home-made educational materials readily available in the home), changes in the level and kind of parent involvement (particularly regarding more activity on the part of home visitors to draw Home Start mothers into activities conducted during their home visits), changes in the nutritional habits and eating patterns of Home Start families, and an increase in the number of medical services provided to Home Start families in response to needs identified during screening.

Mr. Deloria added, however, that where home visitors were often concentrating on areas such as these rather than on education, Home Start children might show fewer immediate gains in cognitive development, but perhaps larger long-term gains, than if the program were strictly educationally oriented.

One particular problem discussed was that, in the Home Start families included in the summative evaluation, evaluators found the children, on the average, were only getting one-half as much milk and less than 25 percent of the Vitamin C, Vitamin A, and vegetables and fruits that they should be. Some programs stated their need to renew efforts to assist their families in nutrition education.

In closing, the evaluators complimented program directors on the fact that they presented a generally good national picture and seemed to be adhering well to national *Guidelines* and directives, and encouraged them to work on the areas of concern outlined above.

'Rock-A-Bye Baby' Fascinates Conference Participants

Shown at a March 5 dinner meeting, the film "Rock-A-Bye Baby"* drew rave reviews on conference evaluation forms submitted by conference participants.

Based on psychological research performed on mother-child relationships around the world, the film examined some of the techniques psychologists use to weigh and measure mothering practices and stressed the crucial importance of the stimulation of all senses in humans and other primate infants.

The critical importance of touch and movement in young children, and cuddling and carrying infants were emphasized, as was the paramount importance of a close mother-child relationship to the development of healthy children.

The film also examined effects of isolation and institutionalization on monkeys and children raised in orphanages, and showed how such conditions lead to listlessness and withdrawal.

Special attention was also devoted to depiction of a new method of rocking premature babies so that the motion of the mother's body can be simulated and thus correct potential developmental lags in premature infants that could be caused by deficiency in duration of the pregnancy.

Conference participants noted that the film was exceptionally valuable not only to them in a programmatic capacity but in a personal sense in their own roles as parents.

**Available from Time-Life Films, 100 Eisenhower Drive, Paramus, New Jersey 07652; 16 mm; color; available for rental for 2 days at $30; 3-5-day rental, $45; purchase price, $300. Time: 30 minutes.*

CFRP Staff Discuss Guidelines, Evaluation Plans, and Preschool-School Linkages

On March 5, CFRP staff met with Mr. Howard Lesnick (CFRP/Home Start site visitor and consultant), Dr. Ann O'Keefe, and Dr. Jenny Klein (OCD Director of Educational Services) in a session chaired by Mr. Ray Collins to clarify CFRP *Guidelines* and discuss CFRP evaluation plans and means of welding preschool-school linkages.

Kicking off the session, Mr. Collins stated that CFRP provides Head Start with developmental services to preschool children; broadens the focus of the program to include children aged 0-8 and their parents, schools, and communities; and places particular emphasis on serving children aged 0-3 and 5-8.

Expanding on this, Mr. Lesnick reminded program staff that there is no such thing as a "focal child" in CFRP; all children aged 0-8 are considered CFRP children. He listed major features of CFRP as (1) to serve eligible children aged 0-8 and their parents; (2) to provide comprehensive developmental programs based on individualized family needs assessment; (3) to provide CFRP staff with necessary training in overall needs assessment techniques, recordkeeping, etc.; and (4) to provide a multidisciplinary approach to families so that alternatives are open to them and so that services can be tailored to their expressed needs.

Noting that a key element behind the CFRP concept is the linking of existing programs and services within a community into a service delivery network, Mr. Collins added that a major goal of CFRP is to develop systems which can become models for the community.

In reviewing OCD required minimum services that CFRPs must provide, it was emphasized that:

(1) Extensive training and staff communications are vital to the performance of comprehensive, individualized assessments of individual and family needs.

(2) Programs should attempt to tap every resource available for preventive, treatment, and rehabilitative health services. Dr. O'Keefe remarked that while funds can be spent for health services for children 0-8 years old, referrals should be used as much as possible.

(3) Regarding prenatal medical care, CFRP funds are to be spent on pregnant mothers only in emergency cases, because the primary focus is to build relationships with other community agencies to provide these services on a continuing basis.

(4) Programs should expand their efforts to recruit families with children in the 0-3 age group.

(5) In addition to staff training, programs should concentrate more on orienting parents and volunteers. In addition, pre-service training should be given new staff members and new families as they join the program, so that both staff and parents fully understand the CFRP concept and range of services.

(6) The question of what constitutes an enrolled family in CFRP has caused some confusion among programs; therefore, OCD Headquarters CFRP staff have subdivided the process into five steps, which may take place simultaneously, but need not necessarily do so, namely: (a) receive a commitment from a prospective CFRP family to the CFRP concept and goals; (b) begin the intake process; (c) finish the intake process; (d) begin the first needs assessment process; and (e) finish the first needs assessment process.

(7) CFRP staff should constantly reassess family needs and progress so that new families can be added over time as other families become more independent and no longer require CFRP services. Programs were cautioned to vary the level of involvement with each family based on their actual total family needs, rather than continuing the same degree of involvement with all families.

(8) CFRPs should attempt to clear up misunderstandings at the local level regarding the relationship of CFRP to Head Start. Mr. Collins remarked that it is not OCD's intent to make boundaries between Head Start and CFRP; rather, CFRP is attempting to broaden the Head Start concept by placing more emphasis on other family members as well as Head Start-age children.

"What we do with the 0-8-year-old children has a direct effect on family functions afterwards," Mr. Collins said. "We would like to assume that what CFRP does is good, but we need to determine its impact and effect on the total family unit," he added.

CFRP Evaluation Plans

Dr. O'Keefe then briefly described potential evaluation plans to CFRP staff. Noting that no evaluation contract would be awarded until June 1974, she stressed the importance of detailed recordkeeping at the local level and

explained that this was one reason all CFRPs were receiving 2-4 site visits by OCD Headquarters CFRP staff during their first year of program operation.

"There are two kinds of CFRP evaluation currently planned," she said. "One portion of the evaluation will be formative, using a case study approach, in which evaluators will visit your CFRPs on a regular basis, discuss with you your local program objectives, and prepare narrative reports on your programs.

"The second portion of the evaluation will be summative, in which a contractor will design a testing program to be used for CFRP families. First, however, a feasibility study will be made to determine the feasibility of and requirements for such a testing or summative study. If a summative study is to be made in addition to the formative study, no testing will take place until at least the beginning of 1975," she added. "Programs will be kept informed by OCD Headquarters CFRP staff of all developments regarding CFRP evaluation."

Klein Elaborates on Preschool-School Linkages

"There is a new emphasis by the Federal government on setting up a system to link the experiences of preschool children with the school system," stated Dr. Jenny Klein, "and an attempt must be made to establish a program which allows a child to make the necessary adjustments from the skills, techniques, and behavior patterns he follows as a preschooler to those expected of him when he enters the public school system. Therefore, OCD is in the process of establishing the Developmental Continuity program (mentioned by Mr. Ray Collins earlier), to find ways in which preschool programs and the school system can work together to provide continuous services to children and still focus on what is good for the child."

Emphasizing that this is a two-way street, Dr. Klein remarked that two types of program designs were envisioned.

One type would involve an attempt to set up a system whereby a preschool program would work with the school system (on a cooperative basis) to decide what can be done to provide continuous and sensible programs to the total child. This would include setting up a core education program for children, and finding community agency mechanisms (such as district advisory committees) and staff representation whose minimum responsibilities would be to work with Head Start and the school system in a cooperative manner.

The second type of program design would involve actually changing the existing school systems to develop a system encompassing 3-year-old children through children in the early elementary grades and provide a core curriculum and comprehensive services for the total child.

Noting that 14 one-year planning grants would be awarded in June 1974, Dr. Klein listed the following key features of the program:

(1) The program must serve the individual child.

(2) It must set up goals and objectives for children from preschool age through age 8, structured for different ages.

(3) There must be a core curriculum that will lead to accomplishment of these goals.

(4) The program must involve parents throughout the preschool-school period and provide services both for children and their parents geared to the age of the child, and changing as the child advances in age.

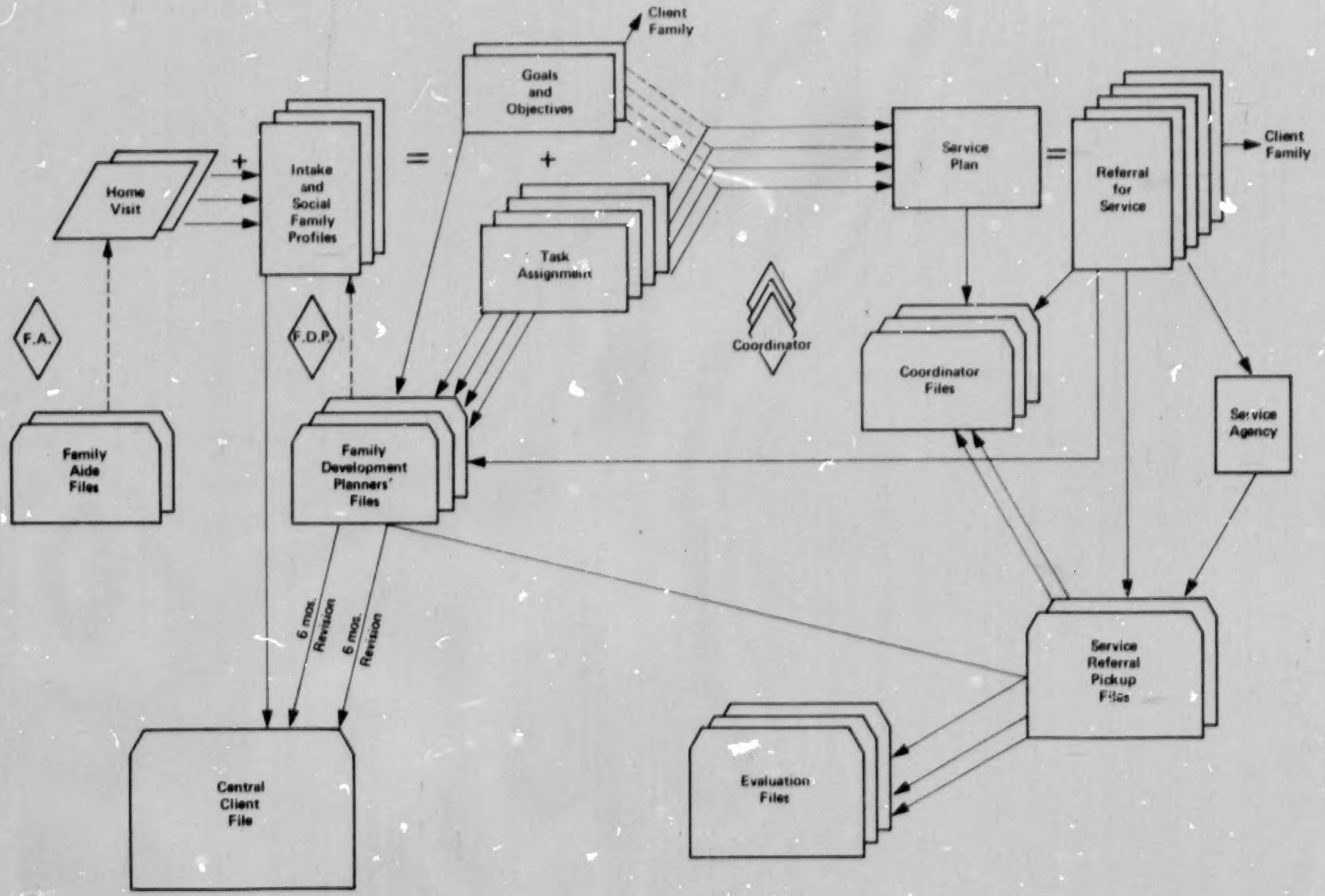
(5) A training program for staff must be established which is pertinent to the age of the child and looks both to the child's future and his past experiences.

In closing, Dr. Klein commented that emphasis during the one-year planning grant period would be on building relationships between Head Start and school systems, and that a mix of bilingual/bicultural, rural/urban, and multiethnic programs would be selected for the demonstration.

(Further information on Developmental Continuity is available by contacting Dr. Klein at OCD, P.O. Box 1182, Washington, D.C. 20013; (202) 755-7792.)

Following Dr. Klein's presentation, the session concluded with the sharing of a videotape by the Jackson-Hillsdale, Michigan CFRP on implementing a CFRP system. The chart on the following page was used in the videotape to illustrate the Michigan program's information system.

Top row, from left: Bill Fillmore, Valerie Farnsworth, Joan Cromer, Hal DeArmand, Dot Wavrin. Middle row, from left: Ann O'Keefe, Charlotte Harrison, Judy Cooper, Sally Schwyn. Bottom row, from left: Dagmar Morales-Schroeder, Rose Timmons, Therese Puddu.



CFRP
RECORD FLOW
INFORMATION SYSTEM
JACKSON-HILLSDALE AREA COMMISSION ON ECONOMIC OPPORTUNITY

PCC Panel Focuses on Serving Infants and Toddlers

Mr. Rick Johnson, left, and Dr. Robert Meresko.

In a general session of the conference held on March 5, Mr. Rick Johnson, Chief of OCD's Parent and Child Centers (PCC) program introduced conference participants to the PCC program and led a panel discussion on what PCCs have learned thus far.

Commenting that the PCC program began as a demonstration program representing a natural outgrowth of the Head Start experience, Mr. Johnson informed participants that 36 PCC programs were initially funded at $175,000 each by OEO in 1967, based on the recommendations of an HEW and a White House task force.

Goals and objectives of the PCC program included: (1) improving the overall developmental progress of 0-3-year-old children; (2) increasing parents' knowledge of their roles as teachers of their own young children; (3) strengthening the family and its functions through parent involvement; (4) creating community awareness in the parents of infants; and (5) serving as a locus of research for the above.

Currently OCD administers 33 PCCs, Mr. Johnson added; the remaining three are now known as Parent-Child Development Centers or PCDCs and are funded primarily for research purposes.

What PCCs Have Learned

Mr. Johnson cited the following as important points which the PCC programs have learned:

(1) Parents often know very little about children and their problems (particularly infants and toddlers).

(2) Parents really want to learn a great deal about their children.

(3) Parents will respond to a program such as a PCC if they are treated with respect as individual human beings, and if they are integrally involved in the program.

(4) Programs such as the PCC program can assist parents to cope with their problems and society in general if staff members work to develop trust with parents.

(5) Infants can be served successfully in group settings, given the proper parameters. The PCC programs found that by having parents present at the center with their children, the potential problem of creating "institutionalized" toddlers could be avoided.

(6) Infants and toddlers need and want a great deal of adult attention and love.

(7) Infants and toddlers need to relate to children who are their own age just as older children do.

(8) No single approach (whether it is home-based or center-based) can meet the needs of all low-income parents; rather, PCCs found that a combination of home visits and center-based activities was often more successful.

(9) There is a tremendous need for more effective research to measure the long-term gains of infants and toddlers from low-income families who participate in programs such as PCCs.

Mr. Johnson turned over the discussion at this point to Mrs. Mary Jane Bevins, Director of the Huntington, West Virginia PCC, and Dr. Robert J. Meresko, Acting Director of the Cleveland, Ohio PCC.

After summarizing some of the problems and situations encountered in a rural PCC, Mrs. Bevins commented that her program staff had found that intervention must begin even prior to conception and stressed the need for good, comprehensive prenatal care for mothers, as well as center-based nursery and toddler care and parent education programs.

Emphasizing that parents in rural areas feel a particular need for socializing with other adults due to the extreme

isolation of their homes, Mrs. Bevins described some of the PCC parent group activities, noting that such activities could be structured around fostering parent-child interaction or encouraging families to use available resources, as well as around social experiences.

"We have learned that our program must be willing to give in order to get," she said, "and we have developed an excellent working relationship with state and county agencies in which we work jointly with them, sharing ideas and avoiding duplication of services wherever possible.

"We have also learned that we must develop trust in families and help them to grow in self-esteem," she added. "Although parents need strong supportive services at the beginning of a program, they can and must be encouraged to develop self-sufficiency, and this is one of the most important lessons we have learned."

Dr. Meresko indicated that one difference between Cleveland's urban PCC and a rural PCC was in emphasis on different Head Start component areas. Noting that Mrs. Bevins had commented that provision of health services consumed a great deal of the Huntington PCC's time due to great geographical distances to needed health services, Dr. Meresko contrasted the Cleveland program to this and remarked that more emphasis was placed in Cleveland on cognitive development and growth enhancement of children.

He noted that the Cleveland program uses an initial family assessment process at the time of intake as well as periodic family reviews by a multidisciplined staff team to attempt to tailor services provided to PCC families to their individual needs.

He also stressed that mother-child interaction comprises an important part of the program, and described the way in which the PCC uses videotapes of the mother interacting with her child so that she can assess her own behavior and subsequently discuss various aspects of her behavior with PCC staff and other parents.

Adding that the program is beginning to teach parents how to operate videotape machines for home use, Dr. Meresko also mentioned that the Cleveland PCC hosts group meetings for grandmothers, brings in junior high school students to learn parenting skills, and provides for a 2-day evaluation of the program by PCC parents, so that their comments and ideas can be incorporated into program planning.

Following the panel discussion, the film "Pearlie" (made by the Chicago PCC program) was shown.* Focusing on a young expectant mother who was enrolled in the Chicago PCC program, it describes the class, field trips, and activities offered by PCC for expectant mothers, and describes facilities of the program (including the infant, toddler, and parent rooms) as well as its outreach program of home visits. The film was enthusiastically received by the audience.

**Filmed by the Chicago PCC; black-and-white; 25 minutes; presently not available for sale or rental. For more information contact Model Cities-Chicago Committee on Urban Opportunity, 640 N. LaSalle St., Chicago, Illinois 60610.*

Fee Schedule Deferred Until July 1975

Conference participants received good news on March 7 from Mr. Jim Young, Home Start/CFRP Representative from the OCD Headquarters Regional Support Division, when he stated that the proposed fee schedule for Head Start and experimental programs had been deferred until July 1, 1975.

Mr. Young noted that the family income standards were still in effect, as was the regulation that no program could enroll more than 10 percent non-low-income families. He suggested that any questions on the fee schedule be referred to OCD Regional office staff.

Energy Crisis Creates Concerns for Home Start and CFRP

Five concurrent small-group sessions met on March 5 to discuss the impact of the energy crisis on Home Start and CFRP and share potential solutions to the problems it poses.

Major concerns cited repeatedly included the fact that fuel prices had risen dramatically yet funding of the demonstration programs could not be increased. This was creating hardships not only for administrative staff and home visitors (utilized by all 16 Home Start programs and 10 of the 11 Federally-funded CFRPs), but also for families enrolled in the programs in terms of shortages of fuel oil for heating their homes, shortages of fuel for Head Start buses used for center-based activities, and problems with parent involvement due to lack of income to pay for gas to attend group meetings.

Programs in rural areas where no possibility of mass transit exists appeared to be the hardest hit, but all programs noted difficulties in this area.

Among solutions proposed by various programs were suggestions that the number of home visits be reduced and that home visits that are made in the same general geographic area could be "clustered" to make maximum use of fuel. Use of car pools by home visitors and assignment of home visitors to families on a geographical basis (perhaps by using a map with certain areas segmented for each home visitor) were also suggested. Some urban programs stated that they had utilized rental cars successfully and were able to secure political support for emergency gas supplies. Others noted increases in numbers of group activities: sharing of buses with other community programs, agencies, and churches; attempts to use the media (particularly public-interest programming on radio and TV shows) to reach enrolled families; petitions being circulated to enable the mileage allowance to be raised to more than 11 cents per mile; and requests made by programs to State Offices of Economic Opportunity for emergency gas allotments.

In general, the most widespread feeling was that the need for systematic planning was more imperative now than ever. Several programs commented that they had met with other community, local, and state agencies to discuss ways of sharing fuel and transportation and various strategies that might be feasible to obtain extra fuel allocations; they also mentioned that they were regularly re-examining their scheduling of local transportation for program operations to cut back wherever possible on unnecessary trips.

Mobilizing Community Resources

The same groups that discussed the energy crisis also proposed some solutions to problems involved in mobilizing community resources.

In general, programs agreed that it is extremely important to involve other community agencies from the very beginning in the planning phases of a new demonstration program and noted that much of their success in this area stemmed from such initial involvement. Some programs suggested that key staff members could be placed on advisory boards of community agencies; support of Congressional representatives, assemblymen, and other political representatives should be enlisted; and videotapes could be used as a means of both showing Home Start and CFRP services to other agencies and taping services provided by other agencies to show Home Start and CFRP staff and thus increase cooperation. It was also suggested that alliances be established with community agencies likely to be involved in pending legislation so that groundwork would already be laid when the legislation was approved.

One point made repeatedly was that programs should not only seek provision of services, but should also question whether the organizations providing such services were doing this effectively. Another group stressed that programs should look to the future, and attempt to create changes in community institutions and agencies that would have a lasting impact in the community, even after the demonstration programs were phased out.

Noting that low-income families by definition lack options because they lack money, programs agreed that every effort should be made on a continuing basis to provide options to these families by utilizing all available resources to the fullest extent possible.

General Session Deals With Concerns Expressed by Participants

In a morning general session of the conference on Wednesday, March 6, Dr. Ann O'Keefe informed participants of concerns compiled by participants the previous evening regarding both the conference itself and programmatic issues.

Since the major concern voiced regarding the conference involved the structured nature of the agenda, Dr. O'Keefe announced that a number of changes would be made to attempt to accommodate needs expressed by participants.

Turning to programmatic concerns, she discussed the following list compiled by attendees:

(1) How can the energy crisis be dealt with by Home Start and CFR programs? Dr. O'Keefe briefly summarized solutions suggested at the March 5 small-group meetings on this subject.

(2) With constant increases in the cost of living, can program services be reduced? Dr. O'Keefe responded that although she was very sensitive to and sympathetic with programs on this subject, services could not be reduced without damaging the scope and content of the demonstration programs.

(3) What is the future of the Home Start demonstration program after its third and final demonstration year ends in June 1975? Dr. O'Keefe answered that Home Start expertise could be used to assist other home-based programs throughout the country with training. She encouraged Home Start programs to begin searching for other sources of funding immediately. (See also page 16.)

(4) How can more technical assistance be provided to health components of Home Start and CFR programs? Dr. O'Keefe suggested that programs contact both the American Academy of Pediatrics consultant assigned to their program and their Regional Health Liaison Specialist on this matter.

(5) How can better preschool-school linkages be welded? Dr. O'Keefe noted that several conference sessions were being devoted to this subject.

(6) What institutional impacts will there be on the community after the Home Start and CFRP demonstrations have phased out? Dr. O'Keefe urged programs to work this out on an individualized, local basis.

(7) How can home visitors receive career development, and what job possibilities exist for them after Home Start is phased out? Dr. O'Keefe suggested that programs investigate the possibility of Child Development Associate status for home visitors and mentioned state and local community resource agencies, colleges, and private preschools as potential sources of employment.

(8) May CFR programs extend the original geographic boundaries for the target area mentioned in their proposals? Dr. O'Keefe responded that this was perfectly acceptable from her point of view, but reminded all programs that any changes in work plans must be documented and approved by their OCD Regional office, with a copy sent to her.

(9) Should programs document services provided to families that are not enrolled in their program? Dr. O'Keefe answered that such services should indeed be documented, and that CFRPs in particular should keep as much statistical data as possible, since an evaluation contractor had not yet been selected.

Baines Cites Head Start Accomplishments

"I am very pleased to share with you some of our gains through the implementation of Head Start Performance Standards and to discuss some priorities for OCD in the next fiscal year," began Mr. Hilton Baines, OCD Regional Program Director for Region V, in his March 6 address to conference participants.

Noting that there has been much debate over the meaning of Performance Standards, he said that in the broad sense these range from activities and efforts such as teaching children cognitive concepts to opening up employment opportunities for Head Start parents. In a narrower sense, he compared Performance Standards to "bench marks" by which a program's performance can be measured against some performance requirements and expectations, and areas requiring improvement can be delineated.

Stressing the importance of both short- and long-range planning to the fulfillment of quality program performance, Mr. Baines commented that Head Start was making every effort to provide technical assistance to local programs to assist them in meeting or exceeding requirements cited in the Performance Standards.

Acknowledging that Head Start was initially begun as a demonstration program providing comprehensive developmental services for children from low-income families, Mr. Baines stated that he sees it currently as both a demonstration and a service program.

"Consistent with our demonstration thrust, we see ourselves as having a responsibility to provide leadership to the nation as to how progress can be made," he said.

Among major accomplishments that Head Start has achieved under the I&I effort, Mr. Baines listed improvement of local performance (including the high-impact grantee effort), establishment of outside limits for local program design, encouragement to local programs to adopt optional innovations, and conduct of experimental programs.

Noting that Head Start initiated a series of major experiments in early childhood throughout the country (including Follow Through, Planned Variation, Health Start, PCCs, Home Start, and CFRP), Mr. Baines said: "To ensure that Head Start is provided with a continuing supply of tested and proven approaches to serving children, OCD plans to undertake a series of highly directed and intensified experiments."

Although he stated that the specific contents of these efforts might change as new ideas emerge, Mr. Baines listed Developmental Continuity, EPSDT, programs for handicapped children, and preparation of training materials regarding child abuse as experimental areas of particularly high potential that have been singled out for emphasis during the next fiscal year.

After briefly describing these experimental efforts, Mr. Baines concluded: "Throughout the Head Start Improvement and Innovation effort, we have not tried to supplant any of your own efforts in improvement and innovation; rather, we have tried to be creative and you have helped us in this endeavor. We ask for your continued cooperation for we know that whatever we have done together, we still have a lot more to do."

Judge Speaks on Trends and Problems in Delivering Health Services

"There has been a dramatic change in the past decade regarding ways of delivering medical care to children," stated Dr. Dom Judge, American Academy of Pediatrics Consultant to Home Start and CFRP, on March 6.

"The content of pediatric care has changed from concerns regarding nutrition, immunizations, and infectious diseases to emphasis on preventive, behavioral, and emotional disorders," he continued.

Noting that the scope of health services available to programs serving underprivileged areas is a problem, Dr. Judge cited insufficient numbers of doctors, lack of outpatient clinics, transportation problems (particularly in rural areas), and societal mobility as contributing to this problem.

Although he remarked that 60 percent of the children in the United States are eligible for some kind of Federal, state, or local assistance with health care, Dr. Judge lamented the fact that children are often receiving inadequate and fragmented care.

"The family should be the basic unit to receive medical care, and doctors should be involved in the family situation," Dr. Judge said. "Ideally, there should be one facility which could provide continuous, comprehensive care in one location for all family members throughout their lifetimes."

He said that some trends creating changes in medical care include more multidisciplinary, group practices; the establishment of neighborhood health centers; and the growing implementation of a team approach to medical care.

"As a result of these changes, we are in the midst of a revolution in the delivery of child care," he concluded. "General practitioners have become a dying breed; the urban poor need doctors who can provide evening and weekend services, but are forced to turn to hospital emergency rooms for most services; and means of delivering medical care are changing rapidly. I challenge you, as Home Start and CFRP staff, to seek alterations in health care, and to ensure that provision of needed medical services to children remains a top priority, despite ever-increasing changes and reorganizations in the medical field."

Shelton Urges Emphasis on Home Safety

On March 6, Mr. Jim Shelton, OCD Home Start Regional Representative from Region IV, urged conference participants to make a commitment to the total child, including his safety.

"Next year over 100,000 people will be killed; 10,000,000 people will be injured; and of these, 15,000 will be children," Mr. Shelton stated. "Home Start and CFR programs must do everything possible to provide adequate training so that home visitors can spot child safety hazards and point them out to parents."

Specifically, Mr. Shelton suggested that programs seek assistance in this area from County and State Health Departments, injury control centers, insurance companies, local fire departments, safety councils, industrial plants, and safety engineers.

Parents and Home Visitors Discuss Ways to Overcome 'Deficit Model'

In one of four concurrent sessions on March 6, parents and home visitors representing Home Start and CFR programs discussed how to inspire strengths in families in their programs and build parental self-esteem and increase parent involvement.

The group agreed that a concerted appeal must be made by programs to parents to communicate their feelings in order for them to overcome the "deficit model" of being "put down" because of their low incomes. Through the gradual building of rapport with Home Start and CFRP staff, they felt that communications could eventually become more effective.

Major points centered on how to get fathers involved in Home Start and CFRP, what strategies could be developed in attempting to counteract specific goals in modeling behavior, and how to involve males successfully as program staff members.

The group concluded that appealing to the feelings and sensitivities of parents was the key to increasing parent involvement, which they noted was of paramount importance to the success of both programs.

Home Start Directors Search for Ways to Keep Program Alive

Top row, from left: Lou Conn, Susie Bradley, Pauline Marshall, A.B. Leonard, Helen Hupp, Niilo Koponen, Estela Aguilar, Desmon Tarter, Westeen Holmes, Kyo Jhin, Ann O'Keefe, Linda Reasoner, Paulette Spicer. Bottom row, from left: Esther Cunningham, Sheri Noble, Allana Elovson, Dell Graham, Laura Daniel, Jo Ann Braddy, Ella Guidry.

At one of four concurrent sessions on March 6, Home Start Directors, Regional Home Start Representatives, and OCD Headquarters Home Start staff searched for ways in which the 16 Home Start programs, which will end their demonstration period in May and June 1975, could remain operational thereafter.

OCD Headquarters staff emphasized that although the demonstration period will be over, there will continue to be a great need to utilize Home Start staff expertise in training Head Start programs that are developing home-based components and in assisting other State and local agencies with implementation of the home-based concept. In this regard, it was suggested that programs begin documenting the number and kind of other programs to which each Home Start provides technical assistance, the number of letters received, names and types of programs or organizations requesting information on implementation of home-based programs, the number of people who visit each Home Start, and the number who actually adopt the Home Start concept after seeing Home Start in operation.

Armed with such documentation, programs should then lay out a strategy for approaching alternative sources of funding, particularly at the Regional, State, and local level.

Dr. O'Keefe reiterated that there was little possibility of any further funding of Home Start from OCD for demonstration purposes. She also reminded programs that after the demonstration period is over, if a program could find means to continue as a training or service program, there would be no need for them to continue serving a minimum of 80 families, since Home Start *Guidelines* apply only to the demonstration period. Therefore, she suggested that programs could seriously consider serving a decreased number of families after that period, and thus reduce their program costs.

Other suggestions made included contacting other demonstration programs to see how they "survived" after the demonstration was over; preparing guides on techniques that have been used successfully by home visitors at the local level to "sell" Home Start expertise to the public school system; seeking funding from Regions and State and County Governments; and attempting to work with other OCD programs, such as Child Development Associate, Education for Parenthood, etc.

The discussion then turned to areas in which improvement was needed during the final demonstration year. Both OCD Headquarters staff and evaluators observed that, based on their site visits to programs, too much emphasis was often still being placed on home visitor-child interaction, rather than on home visitor-parent involvement. It was recommended that programs spend more time in training home visitors to work with adults, and that program directors spend more time making home visits so that they could assess the kind and degree of home visitor-parent interaction more accurately.

Dr. O'Keefe reminded programs, "It is important for the Home Start demonstration program to show that the home visitor approach is effective, not only for the target child, but that the parents become better parents for all of

their children."

Evaluators mentioned that a variety of measures (in areas such as nutrition, home environment, health, and the 8-Block sort task) are being used to assess parental changes which influence the child's environment.

OCD Headquarters staff emphasized that these areas represented refinements and "fine-tuning" efforts to be implemented by programs, and that in general they felt that Home Start programs had accomplished a tremendous amount in the first two years of the demonstration and were to be commended for all their efforts.

In conclusion, problems such as outdated evaluation reports, delay in feedback on site visitors' reports, the necessity to meet the national *Guidelines* and research design versus attempts to serve waiting lists of families, and the length of time and areas emphasized on site visits were discussed; and potential solutions to these problems were proposed.

CFRP Groups Hash Out Common Concerns

While parents and home visitors met as one group and Home Start administrative staff held a concurrent session on Home Start matters, the CFR programs split into two groups to discuss problems and their potential solutions in implementing the CFRP concept.

Concerns discussed included:

(1) The kinds of data CFRPs should be collecting, both to provide input to the national evaluation contractor (when it is selected) and to aid in local program self-evaluation

(2) The need for sharing diagnostic tools for assessing needs, particularly those of children

(3) Means of assessing goal achievement

(4) Ways of facilitating preschool-school linkages

(5) Differences and similarities regarding program operations and staffing patterns

(6) How to achieve effective staff training

(7) Program spin-offs, especially in the area of infant and toddler care

(8) The health component and Title XIX resources

(9) Center-based activities for parents

(10) Use of funds regarding provision of direct versus indirect services

(11) Provision of emergency services to families

(12) How to measure the success of a CFRP

(13) Resources for adult medical needs

(14) Sources of information for parents regarding child development

Both groups spent a considerable amount of time discussing more effective ways of involving infants and toddlers and 6-8-year-olds in the program, and agreed that transition from the Head Start age range (3-5) to incorporation of the 0-3 and 6-8 age ranges as well required considerable effort on the part of staff.

Several programs expressed interest in contacting local PCCs for assistance with training, while others described programs for 0-3-year-olds that their CFRPs were implementing, based on general curriculum guides and lesson plans that have been used by various universities and other infant-oriented programs. The importance of providing prenatal care and information to pregnant mothers was stressed, as was the need for providing in-family stimulation to mothers of newborn infants to impress upon them the fact that even newborn children are capable of learning.

Regarding preschool-school linkages, general consensus was reached that personal contact with members of the school board, principals, teachers, and other staff members is of critical importance in welding such linkages. Meetings with clusters of school officials, workshops with PTAs, sharing of CFRP staff training sessions with school personnel, and constant personal communications regarding CFRP services and goals were among the ideas discussed.

Participants generally concurred that each CFRP must establish its own local long-range strategy for bridging the psychological gaps between preschool and public school. One source of resource information suggested was Dr. Bettye Caldwell's Cramer School program in Little Rock, Arkansas, which followed children from the age of 6 months through elementary school.

Although CFRPs did not appear to be experiencing problems in implementing Head Start Performance Standards, several programs did emphasize the need for thorough planning and differentiation between short-range objectives and long-term goals, and one program suggested that a Management-by-Objectives approach be implemented by CFRPs.

With regard to measuring the success of the program, participants agreed that there are often unspoken goals, both for staff and for families, but that family goals must be given priority attention.

Thomas Delineates Role of Office of Human Development

Mr. Henry Mudge-Lisk

Mr. Stanley B. Thomas, Jr., Assistant Secretary for Human Development, U.S. Department of Health, Education, and Welfare, outlined the role of the HEW Office of Human Development after being introduced to conference participants in a general session on March 6 by Mr. Henry Mudge-Lisk, Assistant Regional Director for the Office of Human Development for Region VII.

Commenting first that he reads numerous reports on CFRP and Home Start, Mr. Thomas stated that he is always left with a sense of excitement about the contributions that these programs are making to our understanding of effective child development programs.

"Both Home Start and CFRP are re-emphasizing the importance of the family in a child's life," he said. "And Home Start is finding out that a great deal can be accomplished by sharing and working with parents and children in their own homes. CFRP is recognizing, among other things, that some children not only need a Head Start – but continuous support throughout their early school years."

Mr. Thomas called attention to the fact that Home Start was, and CFRP currently is, an "A-level objective" at HEW; i.e., progress reports on the programs are sent not only to Mr. Thomas, but also to the Secretary of Health, Education, and Welfare.

"Attention is undoubtedly focused on Home Start and CFRP because of their potential as trend-setters for child development programs," he commented. "I've been told that Head Start programs are already making use of the Home Start approach to introduce more flexibility into their programs. We're hoping that the Home Start and CFRP approaches will also serve as models for the States and public and private agencies when they develop or improve programs for children and families."

Turning to the Office of Human Development, Mr. Thomas said that OHD, which was created in April 1973, focuses on three stages in the life of a human being–early childhood, adolescence, and old age.

In addition to the preschool children served by OCD, he mentioned young people who benefit from youth service and delinquency prevention programs of OHD's Office of Youth Development, older Americans who benefit from programs funded by OHD's Administration on Aging, poor people in rural areas who are served by the Office of Rural Development, American Indians who are assisted by the Office of Native American Programs, and mentally retarded people who are assisted by two of OHD's coordinating agencies (the Office of Mental Retardation Coordination and the President's Committee on Mental Retardation). He also noted that OHD also encompasses the President's Council on Physical Fitness and Sports and the Office of Manpower Coordination.

"OHD's role in HEW is to see to it that the Department's vast resources are brought together in the most effective manner to help Americans who have special needs," he said. "Just as CFRP is mobilizing community

Mr. Stanley B. Thomas, Jr.

resources to serve children, OHD is attempting to coordinate all HEW programs that can assist groups of vulnerable Americans."

Although he commented that this is a very large job for a fairly small agency with about 900 employees and a budget of $800 million, Mr. Thomas said that he thought that if this "seed money" were used wisely, OHD could have an impact out of all proportion to its size.

After speaking about some of OHD's leadership on intra- and inter-departmental task forces, special projects, and policy matters, Mr. Thomas mentioned that OCD had recently been given responsibility to administer a 4-year, $85 million research and demonstration child abuse and neglect grants program, and that this was indicative of the high level of responsibility OHD had been assigned for a number of important HEW projects.

Emphasizing that the establishment of OHD at the level of Assistant Secretary enabled him to comment on almost every issue or legislative initiative that might affect the groups that OHD serves, Mr. Thomas said, "We have influenced, and will *continue* to influence, decisions made by the Secretary of HEW and his chief advisers when they concern issues such as national health insurance, welfare reform, and the rights of children and of young people who need protection from society and from the courts."

Noting that OHD is "committed to deinstitutionalization, whether it be for the mentally retarded, the aged, or juvenile delinquents," Mr. Thomas also commented that OHD is one of the most decentralized agencies in HEW with its staff almost equally divided between the Central Office and the Regional Offices. He urged programs to contact OHD Regional staff if they saw opportunities for linking aspects of Home Start and CFRP with other OHD programs.

In conclusion, Mr. Thomas stated: "I consider the real strength of OHD to be the people we serve—preschool children who have a right to a Head Start, grandparents who need to put their talents and energies to work, teenagers who are branded as delinquent, and the American Indian who is once again taking hold of his future. The welfare of these groups of people—and of rural Americans and the mentally retarded—cannot be separated from the welfare of all of us and of the country as a whole."

Following a brief question-and-answer period, Mr. Thomas and conference participants viewed the Home Start sound/slide presentation* and slides from the Oklahoma City, Oklahoma and Modesto, California CFRPs on the subject of serving pregnant mothers, infants, and toddlers.

**"Home-Based Child Development Programs (Home Start)"; sound/slide film; color; available from Education and Development Corporation, 1400 N. Uhle St., Arlington, Virginia 22201; price, $23.50; 15 minutes.*

Brown, Moran Use TV 'Mock-Up' to Illustrate Use of Media

Ms. Dorothy Brown, Resource Coordinator, and Ms. Lyla Moran, Educational Coordinator, staged a 40-minute presentation on Thursday, March 7 to show how their Gering, Nebraska CFRP has utilized the media as a supplement to other means of communicating with its families.

Using a live "mock-up" of a "Did You Know?" TV show, they demonstrated tips and suggestions for mothers of young children on how to use homemade toys and materials available in every home as educational aids for their children. The demonstration included ideas such as cutting designs out of meat trays, margarine dishes, and milk cartons to teach colors, shapes, and sizes; making sorter boxes from egg cartons and bottlecaps; converting bleach bottles to scoops for sand, water, etc.; and removing the stuffing from old stuffed toys to remake them into puppets.

Following the demonstration, Ms. Brown spoke about ways in which this type of program could be used as an alternative to making frequent home visits during the energy crisis and gave numerous suggestions about how programs could seek TV and radio time.

Noting that the FCC requires that TV and radio stations spend a given amount of time on public-service programming, Ms. Brown urged Home Start and CFR programs to try to "sell" these stations on the idea of doing public-service spots on programs relating to Home Start and CFRP. She cautioned participants, however, that radio and TV stations receive a number of such requests from various community agencies

and organizations, so participants should follow certain tips to enhance their prospects of getting air time.

(1) The stations only have a limited amount of time; therefore, be prepared to spend the exact number of minutes allocated on a given spot, so the stations know they can count on their usual split-second timing.

(2) Be ready to hand in material one day in advance, so that the station will have ample time to preview it.

(3) Don't turn down any time slot a station offers; even 3 minutes' worth at what may seem like the wrong time is a "foot in the door," and programs that turn down these slots may not get another chance.

(4) Be willing to accept "BTA" (Best Time Available). This is much less expensive than "prime time," and if prime time is not sold out, you may be shifted to prime time at no extra cost.

(5) Begin at the top; contact the station manager, program manager, owner, or a TV personality.

(6) Never hesitate to send out news releases on events that are occurring in programs; this is particularly important on weekends, when news is scarce.

(7) Use whatever time stations allot to its fullest capacity, and don't limit your subject matter.

Ms. Brown then related that since its inception the Gering program has had 34 TV shows, including 25 5-10-minute "Did You Know?" shows, 4 live action films, and 5 interviews in the news slot. The "Did You Know?" series has given information on such varied subjects as nutrition, the High School Equivalency program, transportation for senior citizens, social security, and talking books.

She emphasized that Home Starts and CFRPs should think of everything they are doing in terms of "would this make a good interview" and told conferees to be sure they included names, phone numbers, and addresses on TV and radio shows.

In closing, she said, "I know you're all thinking that this is great for other people, but it won't work for us; but don't decide that it won't work until you've tried it!"

(*Ed. Note:* Ms. Brown practices what she preaches; while attending the conference, she taped over 20 interviews with Directors of Home Start and CFR programs and mailed them for immediate use to their home town radio and TV stations!)

CFRP Staff Play Games, Learn About PCDCs, and Assess Needs

Part One of a three-part session for CFRP staff on March 7 consisted of a game-playing experience for participants, developed by the Jackson-Hillsdale, Michigan CFRP as a means of stimulating conferees to think about planning for the second year of the CFRP demonstration program. The three Jackson-Hillsdale CFRPers who planned the session were Mr. Carson Patterson, Executive Director of the Jackson-Hillsdale Area Commission on Economic Opportunity; Ms. Sally Schwyn, Head Start/CFRP Director; and Ms. Clara Noble, CFRP Coordinator.

Divided into groups of 5-6 people per game, conferees selected color-coded cards with certain events listed on them, read the cards, and followed the instructions they contained. For example, cards contained such messages as:

"Negotiate an agreement with the Department of Social Services—advance 5 spaces"

"You have built in a dependency factor and a family has come to your program for a solution to a personal problem—go back 1 space"

"Your current program objectives are specific and measurable—advance 2 spaces"

"Your CFRP planned and implemented an infant-toddler center all on its own and did not contact any other agencies—go back 5 spaces"

After participants had played this game for several minutes for the purpose of emphasizing that all events are part of the total planning cycle and process, attention was drawn to a list containing key features of the CFRP for its first year. It was suggested that programs think of planning for Year 2 in terms of a circular planning cycle, both by looking back at the *Guidelines* and these key features to ensure that they were being met, and by looking forward to the establishment of some new local priorities.

Key features emphasized by the Michigan CFRP included services to children at both ends of the 0-8 age range; focus on the family with regard to support, direction, and self-determination; individual needs assessments; flexible systems of service delivery providing options to families; the need for changing services to meet changing and emerging needs of children and their families; feedback from and evaluation of community agencies, assessment teams, parents, and total staff; revisions of forms, training methods, and procedures; new goals and objectives for the second year; and development of new work plan proposals.

The group agreed that CFRPs should make an honest self-appraisal of what they have achieved during their first year and use this as a base on which to build, asking themselves both "what succeeded and why" and "what did not succeed and why didn't it."

PCDCs Examine Mother-Infant Relationship

The second part of this CFRP session consisted of a talk by Ms. Mary Robinson, Project Manager of the Parent-Child Development Centers (PCDCs), OCD Headquarters.

Commenting that the PCDCs represent a product of an attempt to take a national look at meeting the needs of mothers and their 0-3-year-old infants, Ms. Robinson told participants that the three PCDCs (located in Houston, Birmingham, Alabama, and New Orleans) are testing many delivery systems in terms of different programmatic content and effects on development and change of mothers and babies.

Emphasizing that this is a long-range assessment program, Ms. Robinson said that existing measuring instruments were inadequate to measure mother change and infant development for PCDC goals; thus, the programs are developing their own feedback kits every year to delineate successes and failures so that program content can be revised and documented for use by others each year.

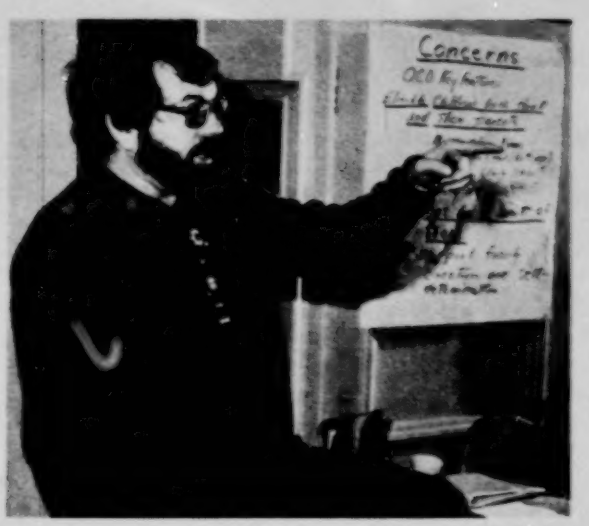
Ms. Robinson remarked that one model is center-based, one compares home-based to center-based, and one includes both home-based and center-based. The programs start at different infant ages, have differing durations, and serve a

variety of ethnic groups, she added, so that there is a variety of models, methodologies, and alternatives available for replication. She added that it is not yet known what the limits of the program are.

In conclusion, she noted that the programs concentrate on efforts to reach mothers, with other family members considered secondarily or as supportive elements. This decision was reached after a great deal of research by both universities and PCCs had been performed, she added.

Gage Addresses Individual and Family Needs Assessment

"The assessment procedure is at the heart of CFRP; many other features may be at the periphery, but without a good assessment procedure CFRP will not work properly," began Dr. Jim Gage, CFRP/Home Start site visitor and consultant, in the final one-third of the CFRP session on March 7.



Noting that CFRP is based on the family as a unit, he said that CFRP must build on family strengths and needs, and he outlined the assessment procedure as follows.

(1) Preassessment Phase

There should be an initial phase of preassessment, according to Dr. Gage, including (a) a workable data collection system to ensure that necessary and sufficient data on families are gathered; (b) a building-up of trust and understanding and a discussion of strengths and needs on an ongoing basis with each family; (c) assurance that both staff members and families clearly understand the CFRP concept and its relationship to and differences from the Head Start program.

Commenting that in some instances, steps (a), (b), and (c) can take place simultaneously, Dr. Gage noted that after they are completed step (d) should be undertaken—i.e., an initial family assessment. He emphasized that this initial family assessment could not be simplistic, could not simply deal with emergency situations, and *must* involve *both parents* and *all children*.

As the final step in this preassessment phase, programs should (e) contact appropriate agencies for necessary referral services.

(2) Assessment Phase

Dr. Gage then continued that the successful completion of the actual assessment phase includes the following steps:

(a) All necessary data must be available so that an accurate family assessment can be made, based on a true family profile.

(b) A comprehensive assessment team must be involved, including all CFR program components, outside agencies and (most important) the family. Dr. Gage emphasized that family members must be intimately involved in the needs assessment process from the very beginning, so that they realize they have a stake in making decisions which affect them, whether this is done by meeting with the family at the CFRP office or by having a family advocate visit them in their home.

(c) Actual assessment must then include a statement of goals or objectives, jointly agreed upon by family and staff; a clear statement of what the CFRP is committing itself to do; a commitment from the family to the CFRP indicating that the family understands the assessment process; concurrence of the family with regard to the plan that the CFRP intends to follow; and a realistic time-frame for implementation of this commitment.

After the initial plan of action has been decided upon, there must be provision for:

(d) Referral and follow-up to find out results of implementing the initial plan.

(e) Continuous and/or periodic reassessment, so that there is a procedure for ongoing "tracking" of the family. Dr. Gage commented that this would also help identify real growth in families.

During a discussion session following Dr. Gage's remarks, the point was made that the sum profile of the family is not equal to the sum of individual profiles of family members but is *greater* than this, and that if a program concentrates on individuals it can lose sight of the effect on the total family; therefore, the family must also be considered as a unit.

The importance of documenting evidence of first-year successes and focusing a large proportion of training for the second year around the assessment process were also stressed.

Home Start Staff Enact Typical Home Visit and Discuss Third Demonstration Year

Millville, Utah Home Start staff use role-playing to show home visitor-parent-child interaction.

Three staff members from the Millville, Utah Home Start program used role-playing to depict a typical home visit in a Home Start conference session held on March 7.

Acting out roles of the parent, child, and home visitor, the Utah staff (Marilyn Long, Sheri Noble, and Jo Davis) showed how all Home Start program components could be covered in a home visit through such techniques as training the mother in good nutritional habits by introducing color-coded pictures of basic food groups which she could also use with the child to teach her colors, shapes, and sizes; discussing how to utilize surplus commodity foods; inquiring as to how the father's new job is working out; etc.

Following the role-playing, the group discussed the importance of preparing a yearly work plan in which objectives for each program component are delineated according to monthly and yearly dates.

After slides were shown by the Weslaco, Texas, Houston, and Fort Defiance, Arizona Home Start programs, Mr. Hilton Baines chaired a discussion regarding what the final demonstration year may hold for Home Start.

Although he sympathized with Home Start staff regarding their requests for future funding, Mr. Baines cautioned them that each Regional office has to develop its own funding plan and that Federal funds are committed to certain Regional efforts, often based on plans previously submitted to OCD Regional and Headquarters offices. He added that if a Regional Program Director can find some flexibility in his budget, perhaps some additional funds could be allocated to Home Start but that neither he nor any Region could promise that this would happen. He strongly urged Home Starts to look for funding from State and general-purpose government agencies at the local level.

Dr. O'Keefe reiterated to programs that they could lower their enrollment from 80 families following the final demonstration year, and added that she hoped that programs would be able in some way to keep their expertise alive for training other home-based program staff. She emphasized, however, that although OCD Headquarters recognizes and thoroughly condones the importance of the home-based concept, no promise could be made that the 16 demonstration programs would remain intact as demonstrations after the final demonstration year.

Suggestions were made that Home Starts could offer to train home visitors for other programs at a set fee, that they could look into the possible application of Home Start to family day care programs, and that they might apply for research funds from other government agencies or organizations.

Directors then voiced their concerns regarding site visits by evaluators and others, with particular regard to the fact that the presence of a site visitor always alters, changes, or distorts the behavior of a parent with a home visitor, and that they feared site visitors were obtaining

inaccurate pictures of what actually occurred on home visits because of this. Dr. O'Keefe responded that this was certainly an important point and that site visitors would continue to consider this in future visits.

In response to a request for debriefings after site visits by evaluators, Dr. O'Keefe commented that this was not part of the function of evaluators; she did promise to emphasize that this be done by site visitors other than evaluators, however.

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Eicher Briefs Participants on USDA Food Program

Ms. Esther Eicher, OCD Headquarters Nutrition Specialist, led off the final general session of the conference with a brief description of the new U.S. Department of Agriculture (USDA) Special Food Service Program.

Telling attendees that cash reimbursements for *actual* food costs were available to any public or nonprofit private institution which serves low-income families, Ms. Eicher noted that the new program will pay up to 15, 30, and 10 cents apiece, respectively, for breakfasts, lunches and dinners, and snacks (or the actual food cost, if it is less than this amount).

She emphasized that programs applying for this must be serving meals on a *group* basis and be providing regular ongoing activities for children on a regularly scheduled basis.

Suggesting that programs interested in applying contact their Regional Nutrition Liaison Specialist, she also mentioned that Regional USDA Offices and State Education Departments could assist programs with more information.

Instructions for applying for this special food program may be obtained by writing Ms. Esther Eicher, c/o Office of Child Development, Office of Human Development, P.O. Box 1182, Washington, D.C. 20013 and requesting OCD Notice N-30-344-3, dated 11/21/73.

O'Keefe, Chapa, Cooper, and Jhin Summarize Conference

"From an OCD Headquarters viewpoint, I feel that this conference was really worthwhile," said Dr. Ann O'Keefe in the final general session on March 7. "Although I would have liked to have had the opportunity to meet more of you personally, I feel that we accomplished a great deal and I am hoping that I can get to know each of you individually throughout the coming months as I visit your programs."

Stating that she hoped that Home Starts and CFRPs had learned something about each other's problems and successes as well as resolving some of their own individual concerns, she requested attendees to be sure that they completed their conference evaluation questionnaires so that she could utilize feedback from attendees in future program planning.

Next, Mr. David Chapa, CFRP Regional Representative from Region VI, spoke for the Regional personnel attending the conference, noting that the importance of both the Home Start and CFRP demonstrations was well-recognized by the Regions and that the Regions would do everything possible to improve working relationships with both local programs and OCD Headquarters. Adding that the OCD Headquarters office has theoretical experts, he stressed that the practical experts are the local program directors, and said that he felt the conference had allowed a good opportunity for interchange between both groups.

Ms. Judy Cooper, CFRP Director from Salem, Oregon, then synthesized reactions of CFRP staff to the conference. In general, she noted that CFRPs were pleased with the high quality of the information presented and the opportunity for sharing information between programs, and she thanked Dr. O'Keefe for restructuring the agenda to meet the needs of conferees. Suggestions from CFRP staff for future conferences included that the conference should focus on a major theme and that an Advisory Committee or group with some local program staff as representatives be appointed to help plan future conferences.

Finally, Dr. Kyo Jhin, Director of the Huntsville, Alabama Home Start, summarized Home Start staff reactions, stating: "Everyone at this conference cared about what is best for our children. With this as a common goal, any minor differences can be easily worked out."

Stressing that the number of Head Start programs implementing home-based concepts under the I&I effort is very exciting, Dr. Jhin urged Home Start programs to begin planning now for ways in which Home Start could be kept alive following the final demonstration year.

Following Dr. Jhin's remarks, slides were shown by the Franklin, North Carolina and Huntsville, Alabama Home Start programs and the Largo, Florida and Modesto, California CFRPs, and the conference was officially adjourned.

Attendees Voice Enthusiastic Response to Conference

Of a total of approximately 160 attendees, 62 responded to questionnaires evaluating the conference, and generally agreed that it was a success.

The largest responding group of 22 responses was Home Start staff (35.5%), followed by CFRP staff with 17 responses (27.4%).

Overall reaction to the conference was good, and respondents rated conference goal accomplishment at 3.70.* Positive comments outweighed negative ones by almost one and one-half to one.

High points of the general sessions were the two films, "Pearlie" (which drew a rating of 4.19) and the conference champion, "Rock-A-Bye Baby" (given a total rating of 4.55,

**Ratings were computed according to the following quantified categories: extremely useful (5), very useful (4), somewhat useful (3), of little use (2), and not useful (0). As the questionnaires were tabulated, the number of responses for each category was weighted by the value assigned to that category and a weighted average was derived. Thus a rating of 3.70 would fall almost 3/4 of the way between somewhat and very useful.*

a Home Start rating of 4.05, and a CFRP rating of 4.82). Participants felt that Mr. Stan Thomas' talk about the Office of Human Development (rated at 4.16) and the "Overview of Other OCD Experimental Programs" by Mr. Ray Collins (rated at 4.09) were the most useful talks. Another high point in the conference was the "Did You Know?" part of "One Program's Communications Network," presented by Ms. Dorothy Brown and Ms. Lyla Moran of the Gering, Nebraska CFRP. It received a total rating of 4.12, a Home Start rating of 4.37, and a CFRP rating of 3.67.

Home Starters found the special sessions on "Evaluation–Process and Results," given by Mr. Deloria and Mr. Fellenz (rating of 4.11) and "The Final Demonstration Year: What the Future May Hold," by Mr. Hilton Baines and Dr. Ann O'Keefe (rating of 4.07) the most useful concurrent sessions to them.

CFRPers were most helped by the "Review, Clarification, and Highlights of CFRP Guidelines," by Mr. Howard Lesnick (rating 4.00); "Planning for Year Two," by the Jackson-Hillsdale CFRP (rating 4.29), especially the circle planning game; and Dr. Jim Gage's presentation of "Assessing Individual and Family Needs" (rating 4.64). The latter received the highest CFRP rating given to any activity at the conference with the exception of "Rock-A-Bye Baby" mentioned earlier.

Although in general the small group sessions were not highly rated, the "Concerns Which Have Emerged" discussions on Tuesday night received a rating of 4.00 from CFRP and a rating of 3.53 from the total respondents, and seemed to have a significant impact on the conference.

As a result of the concerns which *did* emerge, Dr. O'Keefe changed the agenda for the following day to allow the conferees to express themselves in unstructured, free-form discussions, held during both the morning and afternoon. The reaction to these sessions provides perhaps the most "interesting" statistic of the conference. The CFRP groups found these sessions extremely useful (4.58 for the morning sessions and 4.27 for the afternoon). The overall, total respondent ratings were also high (4.12 for the a.m. session and 4.00 for the p.m. session). Home Start conferees were, almost universally, much less enthusiastic (3.33 for the morning and 2.75 for the afternoon session).

Participants noted the most valuable sessions as being (respectively) special-interest and small discussion groups, audio-visual presentations, and large, general sessions. Least valuable sessions, according to participants, included the sessions on the USDA Food Program and Performance Standards, because the information presented was already known.

Participants were overwhelmingly enthusiastic about the performance of the conference contractor, Ms. Marcy Dingle, President of Dingle Associates, Inc.; 49 of the 51 responding to this item rated her performance from "usual good job" to "outstanding" and "fantastic."

In summary, the most positive aspects of the conference were the opportunities to meet and exchange ideas with people from the various programs, Regions, and OCD Headquarters, and the number of ideas that people received from conference activities. Almost two-thirds of those responding (40 of 62) mentioned both of these. Forty percent (24) of the respondents made specific reference to the flexibility of the conference staff and, in particular, complimented Dr. O'Keefe for her responsiveness to the expressed concerns of the conferees.

On the negative side, forty percent (25) of the respondents expressed some unhappiness with the "over-structured" organization of the conference, particularly with evening sessions and the "rigid" schedule. Almost two-thirds (40) stated a concern about the amount of time allocated to various sessions; a few (5) thought the sessions too long, but most (25) felt that there was not enough time allotted to the presentations. One-sixth (10) of the respondents (half of whom were CFRP) felt somewhat overwhelmed by the number of slide presentations.

Suggestions for future conferences included: more input to conference planning and agenda preparation by Regional and program staff; inclusion of workshops and more panel discussions in future conferences; and inclusion of a wider variety of participants, especially parents, in future conferences.

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Home Start Programs Critique Training Guide

In an evening session on March 6, Home Start Program Directors and other conference participants who had reviewed the draft of *Parent and Home-Based Child Development Programs: A Guide for Head Start and Other Preschool Programs* met with OCD Headquarters Home Start staff to critique this guide.

In general, reviewers agreed that the guide had reached a stage wherein no major changes were necessary and most attendees remarked that they felt it would be invaluable as a training tool.

A number of minor editorial changes were noted and will be incorporated in the final edition of the guide, to be published in the summer of 1974.

(Copies may be obtained by writing Home Start, c/o Office of Child Development, Office of Human Development, P.O. Box 1182, Washington, D.C. 20013.)

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